

U.S. DEPARTMENT OF THE INTERIOR

U.S. FISH & WILDLIFE SERVICE, ALASKA REGION

SPECIAL USE PERMIT APPLICATION

OFFICE USE:	
SUP #	

NOTICE: In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501, et seq.) and the Privacy Act of 1974 (5 U.S.C. 552a) please be advised that:

- 1. The permitting of compatible economic and public uses on lands of the National Wildlife Refuge System is authorized by: (a) the National Wildlife Refuge System Administration Act (16 U.S.C. 668dd-ee) as amended by the National Wildlife Refuge System Improvement Act of 1997 (Pub. L. 105-57); (b) the Refuge Recreation Act (16 U.S.C. 460k-n); (c) Bald Eagle Protection Act (16 U.S.C. 663a); (d) Endangered Species Act of 1973 (16 U.S.C. 1539); (e) Migratory Bird Treaty Act (16 U.S.C. 703-711); (f) Marine Mammal Protection Act of 1972 (16 U.S.C. 1371-1383); (g) Lacey Act (18 U.S.C. 42 and 44); and (h) Tariff Classification Act of 1962 (19 U.S.C. 1202).
- 2. Public and economic uses of national wildlife refuges may be authorized upon a determination that such uses are compatible with the purpose(s) for which the refuge was established and the mission of the National Wildlife Refuge System, and are not inconsistent with public safety. The action also must be in accordance with provisions of all laws applicable to the area, consistent with the principles of sound fish and wildlife management and otherwise in the public interest.
- 3. The application form will be used by U.S. Fish and Wildlife Service personnel to evaluate the qualifications and conclude the eligibility of the applicant. Consistent with 50 CFR 36.41 (d)(2), applicants may present the application for noncompetitively issued permits verbally, if he/she is unable to prepare a written application. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees by the Service (31 U.S.C. 7701).
- 4. Routine use disclosures may also be made (1) to the U.S. Department of Justice when related to litigation or anticipated litigation; (2) of information indicating a violation or potential violation of a statute, regulation, rule, order or license to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting the violation or for enforcing or implementing the statute, rule, regulation, order or license; (3) from the record of an individual in response to an inquiry from a Congressional office made at the request of that individual (42 FR 19083; April 11, 1977)
- 5. Information requested in this form is purely voluntary, but failure to answer questions may jeopardize eligibility to receive permits. Response is not required unless a currently valid Office of Management and Budget (OMB) control number is displayed.
- 6. The public reporting burden for this information collection varies based on the specific refuge use being requested. The relevant burden estimate ranges from 1.5 hours for each non-competitively bid permit, to 30 hours for each competitively awarded permit. This burden estimate includes time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the form may be made to the Service Information Collection Clearance Officer, Fish and Wildlife Service, Mail Stop 222, Arlington Square, U.S. Department of the Interior, 1849 C Street, N.W., Washington, D.C. 20240, and to the Office of Information and Regulatory Affairs, OME, Attention: Desk Officer for the Interior Department (1018-0014), Washington, D.C. 20503.

FOR OFFICE USE ONLY: SUP #

1) Please type or print legibly in ink. Answer all questions completely or mark N/A if not applicable.
APPLICANT NAME:
BUSINESS NAME:
TAXPAYER IDENTIFICATION NUMBER, or SOCIAL SECURITY NUMBER:
PRIMARY ADDRESS: (Business Address)
ALTERNATE ADDRESS:
PRIMARY PHONE NUMBER:
ALTERNATE PHONE NUMBER:
DATES PHONE NUMBERS VALID:
FAX NUMBER:
E - MAIL ADDRESS:
AS AN APPLICANT, ARE YOU: (Mark one box with X)
{ } INDIVIDUAL { } CORPORATION { } PARTNERSHIP/ASSOCIATION { } GOVERNMENT/STATE AGENCY { } OTHER
If you are an INDIVIDUAL or PARTNERSHIP, are you also a citizen(s) of the United States?
YES NO

Mark wit	th an X the refuge you are submitting this a	pplication for:
3) <u>§</u>	Alaska Maritime NWR Alaska Peninsula/Becharof NWR Arctic NWR Innoko NWR Izembek NWR Kanuti NWR Kenai NWR	Kodiak NWR Koyukuk/Nowitna NWR Selawik NWR Tetlin NWR Togiak NWR Yukon Delta NWR Yukon Flats NWR
informati Gu Gu Gu Gu Air Air	on requested below: ided/Outfitted Hunting - Big Game. Specify ided/Outfitted Hunting - Migratory Birds. Sided/Outfitted Hunting - Small Game or Up ided Sport Fishing. Specify species fished: ided River or Float Trips. Specify type of be ided Recreation - Other. Specify type of actifitted Recreation - Other. Specify type of a Taxi - FAA certified, point to point aircraft Transporter - Aircraft transportation to bi	species hunted: Specify species hunted: land Birds. Specify species hunted: oat and if motorized or non-motorized: vities guided: ctivity and equipment provided: t transportation.
	on of proposed activity or use:	
Area(s) o	f use (delineate on USGS topographic maps	if applicable):
Estimated	d starting and ending dates of proposed acti	vity:
Maximur	n number of clients per day:	Per season:

NATIONAL WILDLIFE REFUGE

2)

YES NO If so, will your business be operating aircraft under: (Check one) FAA Regulations Part 91 (Incidental Air) FAA Regulations Part 135 (Air Taxi) (PLEASE PROVIDE A COPY OF YOUR FAA CERTIFICATION.) List the make, model, wheel/ski/float, color and tail number of all aircraft you own/lease/operate that you will use in your proposed activity.							
MAKE	MODEL	WHEEL ()	SKI	FLOAT	COLOR	TAIL NUMBER	
Name of Air Taxi operator(s) you plan to use: (Please note that air taxis you use for activities on Refuge lands/waters must be permitted to operate on the Refuge.) 5) Will your business be operating other modes of transportation or access to or within the Refuge? YES NO If so, list the type of vessel(s) or vehicle(s) and the maximum passenger capacity of the vehicles and/or vessels (not aircraft) you plan to use within refuge boundaries.							
TYPE VESSEL/	MAXIMUM (MAXIMUM CAPACITY REGISTRATION NUMBER			BER		
6) We require you to can must obtain liability cove activities. Refer to the en name the U.S. Government Do you have current liab ATTACH A COPY OF	erage BEFORE we can aclosed <u>Insurance Info</u> ent as an additional in ility insurance? Y	nn issue a Specormation Sheet sured. ES	ial Use I for min	Permit for co	ommercial visito	r service	

7) Within the <u>past 5 years</u> , I contendere, or forfeited colla or permit activities? YES		iolations of State, Fed			
8) Is the company (entity) or local law or regulations relati	any of the ow	ners of the business <u>no</u>			
9) Within the <u>past 5 years</u> , forfeited collateral for <u>any</u> S they <u>now</u> under charges for activities? YES	tate, Federal or any violation of	r local law or regulatio state, federal or local	ons related to fish an	d wildlife or per	mit activities: OR are
10) IF YOU ANSWERED each violation, provide the: 1 additional sheets if necessary) Individual s				
INDIVIDUAL S NAME	DATE	CHARGE	PLACE	COURT	ACTION
and description of property, past three years. (Use separa 12) Provide a complete list of on the refuge. Also indicate including the applicant, who drivers license number, pilothave had any such licenses sidrugs during the past five years.	of names, addressin what capaci will be operative certificate nurses as pended or re- ears. Please use	esses and phone numb ty they will be operati ing a vehicle, aircraft, mber, or applicable ve voked, or have been co e separate sheet to pro	ers of employees who ng (e.g., guide, pilot, or vessel while carry ssel operating licens nvicted for driving w vide this information	o will be assisting camp cook, etc.) ving clients must e number and in while under the i	g with permit activities Any employee, provide their State dicate whether they nfluence of alcohol or
13) False, fictitious or fraud the Special Use Permit and r you provide in reviewing this	nay be punisha				
14) Please attach a copy of y registrations required for th Transporter License, FAA A	e activity you p	propose to conduct on t	he Refuge (e.g., Stat	e Big Game Gui	ding License, State
SIGNATURE OF C		NT I	PRINTED NAME	DA	TE

FOR OFFICE USE ONLY							
Check #	Check A mount:	Overpa yment:	Additional Amount Needed:	Fee Not enclosed			
WERE THESE DOCUMENTS ENCLOSED WITH APPLICATION?							
AIRCRAFT INSURANCE: YES NO GENERAL LIABILITY INSURANCE: YES NO							
STATE BUSINESS LI	CENSE: YES NO C	THER LICENSES/CERTIFIC	CATIONS: YES NO				
MISSING DOCUMEN	TATION						